

CASE REPORT

MALLET THUMB

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A case of mallet thumb, with a closed rupture of the extensor pollicis longus at its distal insertion, is presented. Conservative treatment resulted in a near normal function.

INTRODUCTION

Unlike mallet finger, avulsion of the extensor pollicis longus tendon at its distal insertion (mallet thumb) is rare.

Although the recommended treatment for closed mallet finger is conservative, some authors proposed operative treatment for mallet thumb.

CASE REPORT

A 28-year-old basketball player hurt his right thumb and presented at the hand clinic 2 weeks after injury with an extension lag of 45° in the interphalangeal joint (fig 1). Radiographs were normal. He was in general good health and had no other injuries. He was treated with a Stack splint, immobilizing only the interphalangeal joint in extension for 8 weeks. Mobilization afterwards was allowed.

At 3 months follow-up he had recovered full extension (0°) and flexion (75°) identical with the contralateral side (fig 2). He had no pain and had resumed all activities, including basketball.

DISCUSSION

The classical paper on mallet thumb by Din and Maggitt in 1983 (1) reported on 4 cases, of which



Fig. 1. — Clinical presentation

one was an open lesion (cut). They recommended operative treatment, since they hypothesised that the EPL (extensor pollicis longus) tendon retracted much more proximally than the extensor tendons in the other fingers. Furthermore, the EPL also has a more solid structure, allowing suturing.

In 1986, 3 reports recommended conservative treatment (2, 3, 4), even in open lesions. But Miura *et al* (2) found that open injuries with clean cut tendon sections should be repaired surgically. The closed lesions are far more unusual but all responded well to conservative treatment. Based on these

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Fig. 2. — Clinical result : full extension

observations, our patient was also treated with a splint for 8 weeks. The outcome was excellent.

A meticulous literature search could not find papers on this subject more recent than 1986.

REFERENCES

1. **Din K, Maggit B.** Mallet thumb. *J Bone Joint Surg* 1983 ; 66-B : 606-607
2. **Miura T, Nakamura R, Torii S.** Conservative treatment for a ruptured extensor tendon on the dorsum of the proximal phalange of the thumb. *J. Hand Surg* 1986 ; 11 : 229-232
3. **Patel M, Lipson L, Desai S.** Conservative treatment of mallet thumb. *J Hand Surg* 1986 ; 11 : 45-47
4. **Primiano G.** Conservative treatment of two cases of mallet thumb. *J Hand Surg* 1986 ; 11 : 233-235